

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

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GUY P. JONES
EDITOR

NEW LETTERS ON CARE OF INFANT

THE BUREAU OF CHILD HYGIENE of the State Department of Public Health has prepared a series of twelve letters on infant care, one of which will be published in each issue of the WEEKLY BULLETIN until the entire series of twelve has been printed. This series of letters supplements the series of letters on prenatal care which has been issued by the bureau for several years. The first letter of the new series on infant care is now sent to the mother with the last letter of the prenatal series. The first letter on infant care follows:

INFANT CARE LETTER No. I

First Month

My Dear Mrs.

Your baby is already beginning to form habits which will grow stronger each day. Each action tends to be repeated, so that habit formation starts at birth. It is most important to begin at the very first of his life to train him to a regular schedule of feeding and care.

Ask your doctor whether you are to nurse your baby every three or every four hours. It will depend on the size and condition of the child. When you have decided on the schedule *keep strictly* on it. Do not guess at the time, go by the clock. If baby is to be fed every three hours, nurse him at 7:00, 10:00 a.m., 1:00, 4:00, 7:00, 10:00 p.m. and 2:00 a.m. If he is to be on the four-hour schedule, nurse at 6:00, 10:00 a.m., 2:00, 6:00, 10:00 p.m. and 2:00 a.m. The four-hour schedule is usually preferred for a normal baby. These hours will not interfere with your meals and can be easily kept. Many babies will sleep through the night after 10.00 p.m., and should be allowed to do

so. The average baby should nurse 15 to 20 minutes, but some are satisfied sooner, and occasionally a longer period is necessary. Do not let your baby nurse after the breast is empty, or lie with the nipple in his mouth after he has finished nursing. Give a tablespoon of warm water just after each nursing to wash the mouth. Hold him up against your shoulder and pat him gently on the back after each nursing, to help him get rid of any air in his stomach. Give one to two ounces of boiled, cool water from a bottle two to three times daily between feedings and *nothing else* unless ordered to do so by your doctor.

Weigh baby each week and record the weight on the enclosed sheet. He should gain from five to eight ounces weekly after the first week. Always weigh him stripped and at the same time in the day.

A bath should be given daily. Have the room at a temperature of about 70-72° and prepare as follows: Lay a soft bath towel over a pad placed on a table of convenient height. Have everything at hand which you will need, arranged so you will do very little reaching or stoop-

ing. You will need soft clean wash cloth, warm soft towel, warmed fresh clothes, boracic solution, cotton, oil (mineral oil or alboline), talcum powder (in a can with an undetachable cover), safety pins, a good pure soap and large basin or small tub of warm water. Test the water with a bath thermometer (100-102°) or with your elbow (not your hand). It should feel a little warmer than the body. Undress the baby on the pad. Wash the eyes with a little sterile cotton dipped in boiled water. Wash the face and head and dry well. Do not use soap on the scalp oftener than two times a week, then *thoroughly* rinse it all off. Soap the cloth well and wash baby while he lies on the pad. For the first two weeks give the entire bath in this way. After the navel is well healed, lift him into the tub of water, supporting his head and shoulders firmly with your left hand and arm, and rinse the soap off thoroughly. Lift him out onto the pad, wipe with warm towel, and pat all the creases around neck, armpits and groin till thoroughly dry. Oil slightly in these creases, dust lightly with powder on back and buttocks. Dress with as few motions as possible in band, shirt, diaper, stockings and slip or gown. Use the band only until the cord is off.

The genitals should be washed with a little clean warm water and well dried each time the diaper is changed. In cleansing a girl baby always wipe toward the opening of the bowel, separating the labia (or "lips") with thumb and finger of one hand; wipe with cotton pledget, using each pledget for one wiping only. In boys be sure the foreskin can be pushed back easily. The foreskin should be pushed back first by the doctor, who should give this care until it slips back easily. Ask him to show you how to do this. It should be pushed back to its full extent and cleaned with a little oil on cotton every day.

You will find enclosed a sheet for your baby's weight record and a folder in which you can file the pamphlets and further letters on hygiene which we will send you unless you let us know that you do not care to receive them.

Very sincerely yours,

ELLEN S. STADTMULLER, M.D., *Chief.*



What you are, is what you are. What you are going to be, is what you are going to make yourself. If someone helps you in the job of making yourself, perhaps it will be a better job than if you have to do it unaided. But the best that anyone else can do is to help you do the job.—Exchange.

Few Disease

Cases Reported.

Communicable diseases are low throughout the state at present. There are four diseases which may be expected to carry an increased incidence at this time of year—malaria, poliomyelitis, typhoid fever and whooping cough.

The incidence of malaria is insignificant according to the reports received by this department. Only 18 cases have been reported during the last six weeks and 9 of those were in persons who had just come into California from other states. Histories were obtained for each of the cases and the onset of symptoms was either before their arrival or so soon afterward that definite evidence of outside infection was presented. It was difficult to determine which states were responsible because there were so many "stops" in each instance.

Poliomyelitis reports are coming in at the rate expected for a non-epidemic year—5 to 10 cases each week—and these cases are scattered over the state.

Typhoid fever was running unusually low even with the outbreak of 64 cases in San Francisco in the early summer. However, during the past few weeks the incidence in the San Joaquin Valley has been such that we have come to the level characteristic of this time of year. The epidemic of 20 cases in Kern County traced to raw milk from one dairy has been responsible for part of this increase. Stanislaus and Tulare counties show a rise in the number of cases reported but it has been impossible so far to find any factor common among the cases in either district. A group of four cases appeared on a dairy in San Mateo County—only the employees were affected and the cook at the ranch was found to be a carrier. All of the milk distributed by this dairy has been pasteurized and to date no cases of typhoid are known to have appeared among the consumers of this supply. A total of 8 typhoid carriers have been proven since January 1, 1928: two were found as convalescent carriers in the routine procedure of release examinations of known cases; the other six were found in the course of epidemiological examinations of typhoid cases, one being a housewife, one a boarding house keeper and four connected with dairies.

Whooping cough has been higher this year than last year but at this particular time the incidence is what would be expected for this season.

Rabies in animals is still unduly prevalent. Most of the cases are appearing

in Los Angeles, Riverside and San Bernardino counties. The situation in Marin County appears to have been placed under control, no cases having been reported from there since the latter part of May of this year.

Tularemia has attracted considerable attention during the last few weeks—11 cases have been reported since June 1st. Of this group only 2 were contracted in California and they came from Modoc County; 8 were infected in Nevada and 1 in New Mexico. The only cases on record contracted in this state have been from Modoc and Sacramento counties. Two cases were reported from Sacramento County last fall.

Since coccidoidal granuloma was made reportable, 14 cases have been reported.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATORUM
CEREBROSPINAL MENINGITIS (Epidemic)	PARATYPHOID FEVER
CHICKENPOX	PELLAGRA
CHOLERA, ASIATIC	PLAGUE
COCCIDOIDAL GRANULOMA	PNEUMONIA (Lobar)
DENGUE	POLIOMYELITIS
DIPHTHERIA	RABIES (Animal)
DYSENTERY (Amoebic)	RABIES (Human)
DYSENTERY (Bacillary)	ROCKY MOUNTAIN
ENCEPHALITIS (Epidemic)	SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TUBERCULOSIS
HOOKWORM	TULAREMIA
INFLUENZA	TYPHOID FEVER
JAUNDICE, INFECTIOUS	TYPHUS FEVER
LEPROSY	WHOOPING COUGH
MALARIA	YELLOW FEVER
MALTA FEVER	

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

* Reported by office number. Name and address not required.

Arrangements have been made in the city schools of Los Angeles so that children suffering with heart disease may come late to class. Sometimes the rest periods are very short, and it would be difficult for them to reach the classroom without hurry. In most schools they are given an opportunity for rest in the middle of the day, on the recommendation of the family physician, the school physician, or the consulting board. In regard to foci of infection, Lokrantz states that provision for eradication of foci has been made, through inspections by school physicians and nurses, who report their observations to the parents, to be transmitted to the family physician.

How to Give A Sun Bath.

The following directions for giving a baby a sun bath have been issued recently by the Bureau of Child Hygiene of the State Department of Public Health. Copies of these directions may be obtained by writing to the bureau at 335 State Building, San Francisco.

"One of two methods may be used according to circumstances.

First method—Open the window and screen on the sunny side, letting the sun come in through this space. Put the baby on a blanket on the floor, or in his crib, directly in this patch of sunshine, exposing the amount of skin for the length of time indicated on the chart. Always shade the eyes from the bright light. This can be done by placing him with the head toward the sun, the feet away from the sun. In this way the shadow cast by the brow will protect the eyes.

Second method—Use a deep box or wrap a blanket around the baby's crib, to shelter him from the wind. Put this out in the sunshine on the sheltered side of the house away from the wind. Let the baby lie in this with the amount of skin exposed, and for the length of time indicated by the chart. *Shade the eyes from the bright light.*

After he is old enough to sit up or to walk he may be placed in his play pen in the sunshine, stripped of clothes as before. He should have at least one-half hour daily in the sunlight, after he is accustomed to it."

The gamesome humor of children should rather be encouraged, to keep up their spirit and improve their strength and health, than curbed and restrained.—Locke.

MORBIDITY*

Diphtheria.

67 cases of diphtheria have been reported, as follows: Oakland 7, Fresno County 1, Kern County 3, Bakersfield 1, Los Angeles County 3, Glendale 1, Long Beach 2, Los Angeles 16, Pasadena 2, Whittier 3, Madera County 2, Merced 1, Orange County 1, Santa Ana 1, Auburn 1, Riverside County 1, Sacramento 4, San Bernardino 3, San Francisco 5, San Joaquin County 1, Stockton 1, Santa Clara County 2, Mountain View 1, San Jose 1, Petaluma 1, Tulare 2.

Measles.

18 cases of measles have been reported, as follows: Berkeley 1, Oakland 2, Los Angeles County 2, Los Angeles 5, Pasadena 1, San Gabriel 1, Maywood 1, San Francisco 3, Santa Clara County 2.

Scarlet Fever.

98 cases of scarlet fever have been reported, as follows: Berkeley 3, Oakland 6, Contra-

* From reports received on October 8th and 9th for week ending October 6th.

Costa County 3, Humboldt County 6, Eureka 2, Kern County 1, Los Angeles County 6, Beverly Hills 3, Compton 2, La Verne 1, Long Beach 2, Los Angeles 7, South Gate 1, Napa County 3, Riverside County 1, Riverside 2, Sacramento 8, San Diego 12, San Francisco 15, Stockton 1, Santa Barbara County 1, Santa Clara County 2, Palo Alto 1, San Jose 2, Sunnyvale 1, Yuba City 2, Tulare County 1, Porterville 1, Woodland 1, Marysville 1.

Smallpox.

17 cases of smallpox have been reported, as follows: Berkeley 3, Oakland 6, Kern County 5, Santa Ana 1, Watsonville 2.

Typhoid Fever.

18 cases of typhoid fever have been reported as follows: Oakland 1, Fresno County 2, Los Angeles County 2, Huntington Park 2, Long Beach 1, Los Angeles 3, Sacramento County 2, San Francisco 3, Yolo County 1, California 1.

Whooping Cough.

149 cases of whooping cough have been reported, as follows: Albany 1, Berkeley 3, Oakland 10, Piedmont 7, Fresno County 1, Los Angeles County 9, Beverly Hills 1, Compton 2, Glendale 4, Long Beach 1, Los Angeles

43, Monrovia 1, Pasadena 2, Santa Monica 2, Whittier 2, Monterey Park 1, Maywood 1, Salinas 2, Orange County 2, La Habra 4, Riverside County 7, Sacramento 5, San Diego 2, San Francisco 14, San Joaquin County 7, Stockton 2, Santa Barbara County 1, Palo Alto 1, San Jose 4, Venture County 5, Yolo County 2.

Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: Contra Costa County 1, Fresno 1, Stockton 1.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Fresno County 1, Los Angeles County 1, Beverly Hills 1, Los Angeles 1, San Francisco 1, Tulare County 1.

Jaundice (Epidemic).

Siskiyou County reported one case of epidemic jaundice.

Food Poisoning.

Los Angeles County reported two cases of food poisoning.

Coccidoidal Granuloma.

Los Angeles reported 3 cases of coccidoidal granuloma.

COMMUNICABLE DISEASE REPORTS

Disease	1928				1927			
	Week ending			Reports for week ending Oct. 6 received by Oct. 9	Week ending			Reports for week ending Oct. 8 received by Oct. 11
	Sept. 15	Sept. 22	Sept. 29		Sept. 17	Sept. 24	Oct. 1	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	28	82	81	93	84	36	70	75
Coccidoidal Granuloma	0	1	0	3	0	0	0	0
Diphtheria	40	68	70	67	91	66	90	102
Dysentery (Bacillary)	3	0	1	0	1	0	1	0
Encephalitis (Epidemic)	3	2	1	0	3	2	1	2
Food Poisoning	16	2	3	2	0	9	0	1
German Measles	7	13	15	10	15	15	16	23
Gonococcus Infection	122	110	140	131	82	93	97	170
Influenza	9	22	23	27	10	5	12	23
Jaundice (Epidemic)	0	0	2	1	3	0	0	0
Leprosy	0	0	0	0	1	0	0	0
Malaria	7	1	3	3	6	1	2	0
Measles	20	14	35	18	40	46	25	44
Meningitis (Epidemic)	1	1	6	3	4	6	1	8
Mumps	64	93	98	115	53	65	48	49
Paratyphoid Fever	0	0	1	0	1	0	2	1
Pneumonia (Lobar)	36	36	41	26	55	32	24	41
Poliomyelitis	6	6	5	6	76	51	55	36
Rabies (Animal)	11	14	6	16	4	9	6	4
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	63	87	88	98	85	82	79	99
Smallpox	13	22	25	17	6	11	9	4
Syphilis	111	151	105	142	162	158	134	182
Tetanus	4	2	2	0	1	1	2	0
Trachoma	2	5	2	2	2	1	4	2
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	175	175	220	184	169	212	149	187
Typhoid Fever	21	21	24	18	13	28	24	8
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	176	208	146	149	161	80	112	94
Totals	938	1136	1143	1131	1128	1009	963	1155

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